

Rev. 12/2018

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
GREENVILLE DIVISION

IN RE:

CAH ACQUISITION COMPANY 7, LLC
d/b/a PRAGUE COMMUNITY HOSPITAL

DEBTOR

CHAPTER 11

CASE NO: 19-01298-5-JNC

Check if this is an amended filing

**MONTHLY REPORT OF CORPORATE DEBTOR IN
POSSESSION/TRUSTEE**

DATE PETITION WAS FILED: March 21, 2019

REPORTING PERIOD COVERED: Sept 1, 2019-Sept 30, 2019

I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief:

DEBTOR:

Officer Name & Title: Thomas W. Waldrep, Jr., Trustee

Date: November 12, 2019 +

Signature: s/Thomas W. Waldrep, Jr.

I have read the information in this report and the information contained herein is true and correct to the best of my knowledge and belief:

ATTORNEY FOR THE DEBTOR:

Printed Name: Jason L. Hendren Date: November 12, 2019

Signature: s/Jason L. Hendren

PART A: BUSINESS OPERATIONS

I. Summary of Business Operations:

1.) Please summarize the Debtor's business activities for the month:

On March 29, 2019, the Court appointed Thomas W. Waldrep, Jr. as Chapter 11 Trustee. Since that time, the Trustee has been working with counsel to determine his options regarding reopening the hospital.

2.) Did the Debtor operate with a cash surplus or cash loss for the month? If the Debtor operated at a loss, please explain what affected profitability:

The Debtor operated with a cash surplus this month.

3.) Did the Debtor have any significant receipts or disbursements this month that were unusual or do not reoccur every month? For example, receipts would include insurance claim proceeds, tax refunds and funds from sale proceeds. Disbursements would include annual or quarterly insurance premiums, tax payments, large repairs, etc.:

(a) RECEIPTS –

None

(b) DISBURSEMENTS –

None

II. Summary of Chapter 11 Activities:

1.) Were any transactions this month outside of the ordinary course of business? For example, did the Debtor sell any property, receive a loan from a third party or make any large purchases? If yes, please describe:

None

2.) What steps has the Debtor taken toward reorganization or liquidation?

The Trustee has filed a Plan and Disclosure Statement, and the Confirmation Hearing is set for December 10, 2019.

PART B: CERTIFICATIONS

1.) Is the Debtor current on all post-petition tax obligations? Yes No

If the Debtor checked no, please complete the chart below:

Name of Taxing Authority	Amount Of Taxes Owed

2.) Has the Debtor filed all necessary tax forms (e.g., 1040, 1120 and 941), coming due since the petition date? Yes No

If the Debtor checked no, please provide information regarding the tax forms that are currently unfiled:

3.) Is the Debtor current on all post-petition administrative expenses (excluding tax obligations)? Yes No

If the Debtor checked no, please complete the chart below:

4.) Are the Debtor's insurance policies in full force and effect? Yes No

If the Debtor checked no, please detail which property owned by the Debtor is not insured:

5.) Has the Debtor closed all pre-petition bank accounts? Yes No

If the Debtor checked no, please list the pre-petition bank accounts that are still open and whether the Debtor sought Court approval to keep the accounts open:

Name of Banking Institution	Last 4 Digits of Account	Court Approval (Y/N)
US Bank	3911	N
Vision Bank	8255	N
Vision Bank	2458	N

6.) Did the Debtor pay any pre-petition unsecured debts this reporting period? Yes No

If the Debtor checked yes, please complete the chart below:

7.) Did the Debtor deposit all sources of income into its DIP bank accounts this reporting period? Yes No

If the Debtor checked no, please detail where the estate funds were deposited, or (if not deposited), how the funds were disbursed:

The Debtor's income was deposited into US Bank #3911.

8.) Did the Debtor pay any professionals (e.g., attorney or accountant) without prior Court approval this reporting period? Yes No

If the Debtor checked yes, please complete the chart below:

Name of Professional	Amount Paid

9.) Did the Debtor sell or transfer any property outside of the ordinary course of business without prior Court approval during this reporting period? Yes No

If the Debtor checked yes, please provide additional information regarding the property that was sold or transferred:

10.) Did any person or entity pay any expenses or costs on behalf of the Debtor during this reporting period? Yes No

If the Debtor checked yes, please list all expenses paid on behalf of the Debtor, including the name of the person or entity who made the payments:

Yes, Cohesive Management paid the operating expenses of the Debtor. Cohesive's accounting is included in this report.

11.) Did the Debtor transfer any property to or for the benefit of an officer or insider of the Debtor, or a relative of an officer or insider of the Debtor during the reporting period (a transfer includes, but is not limited to, the payment of personal expenses, provision of non-court approved fringe benefits, purchase of items for a personal non-business purpose)? Yes No

If the Debtor checked yes, please list all expenses or costs the Debtor paid on behalf of any officer or insider of the Debtor, or on behalf of a relative of an officer or insider of the Debtor:

**PART C: SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Trustee's Account (Last 4 Digits: 5082)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 542,332.90
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 150,069.57
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 589,336.75
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 103,065.72

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 103,065.72
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 103,065.72

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct #5082)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____ (b) _____ (c) _____	(a) _____ (b) _____ (c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>3911</u> (b) _____ (c) _____	(a) <u>\$ 150,069.57</u> (b) _____ (c) _____
	Total = \$ 150,069.57
Other forms of income/deposits (list sources below):	(list amounts below):
(a) _____ (b) _____ (c) _____	(a) _____ (b) _____ (c) _____
	Total = \$ 0.00
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 150,069.57**

*Total equals item #2 (Total Cash Receipts) on Part C.

[Click to add another account](#)

EXHIBIT 2

DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5082)

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$ 9,126.13
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>5518</u>	(a) <u>\$ 580,210.62</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 580,210.62
Other (PROVIDE ATTACHMENT)	\$

→ *TOTAL = \$ 589,336.75

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 US Bank Account (Last 4 Digits: 3911)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 83,668.95
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 167,023.84
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 151,515.71
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 99,177.08

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 99,177.08
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 99,177.08

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct #3911)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$ 14,032.64
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) <u>Lockbox deposits</u>	(a) <u>\$ 152,991.20</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 152,991.20
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 167,023.84**

*Total equals item #2 (Total Cash Receipts) on Part C.

[Click to add another account](#)

EXHIBIT 2

DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 3911)

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>5082</u> (b) _____ (c) _____	(a) <u>\$ 150,069.57</u> (b) _____ (c) _____
	Total = <u>\$ 150,069.57</u>
Other (PROVIDE ATTACHMENT)	<u>\$ 1,446.14</u>

→ *TOTAL = \$ 151,515.71

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Vision Account (Last 4 Digits: 8255)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 961.72
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 73.53
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 0.00
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 1,035.25

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 1,035.25
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 1,035.25

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct #8255)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) <u>Vendor reimbursement</u>	(a) <u>\$ 73.53</u>
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 73.53
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 73.53**

*Total equals item #2 (Total Cash Receipts) on Part C.

[Click to add another account](#)

EXHIBIT 2

DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 8255)

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$

→ *TOTAL = **\$ 0.00**

*Total equals item #3 (Total Cash Disbursements) on Part C.

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Cohesive's Account (Last 4 Digits: 2458)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 201,131.19
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 672,642.32
[On following page- **EXHIBIT 1**
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 90,260.33
[On following page- **EXHIBIT 2**
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 783,513.18

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 783,513.18
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ _____
8. ENDING RECONCILED BALANCE: *\$ 783,513.18

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 2458)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$ 659,939.90
Collection of pre-petition accounts receivable	\$ 2,279.61
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other forms of income/deposits (list sources below):	(list amounts below):
(a) Medical record copies	(a) \$ 336.81
(b) Medicaid Shoppe	(b) \$ 10,086.00
(c) _____	(c) _____
	Total = \$ 10,422.81
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 672,642.32**

*Total equals item #2 (Total Cash Receipts) on Part C.

[Click to add another account](#)

EXHIBIT 2

DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 2458)

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>5518</u> (b) (c)	(a) <u>\$ 90,241.33</u> (b) (c)
	Total = <u>\$ 90,241.33</u>
Other (PROVIDE ATTACHMENT)	\$ 19.00

→ *TOTAL = \$ 90,260.33

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: Operating Account (Last 4 Digits: _____)
 Tax Account (Last 4 Digits: _____)
 Payroll Account (Last 4 Digits: _____)
 Cohesive Account (Last 4 Digits: 5518)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 32,891.29
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 671,392.37
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 617,632.67
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 86,650.99

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 151,092.26
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 64,441.27
8. ENDING RECONCILED BALANCE: *\$ 86,650.99

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct #5518)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below):	(list amounts below):
(a) _____ (b) _____ (c) _____	(a) _____ (b) _____ (c) _____
	Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) 5082 (b) 2458 (c) _____	(a) \$ 580,210.62 (b) \$ 90,241.33 (c) _____
	Total = \$ 670,451.95
Other forms of income/deposits (list sources below):	(list amounts below):
(a) Emp pym of ins on FMLA (b) _____ (c) _____	(a) \$ 940.42 (b) _____ (c) _____
	Total = \$ 940.42
Less allowance for returns and discounts	\$

→ *TOTAL = **\$ 671,392.37**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5518)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$14,341.85
Net Payroll (excluding officer compensation)	\$291,465.11
Officer Compensation	\$
Subcontractors and Contract Workers	\$107,101.21
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$36,396.83
Real Property Lease Payments	\$6,800.00
Vehicle & Equipment Lease Payments	\$11,788.88
Utilities (Telephone, Electricity, Water, Other)	\$7,276.30
Travel and Entertainment	\$
Meal and Food Costs	\$2,824.14
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$1,411.62
Real Property Repairs and Maintenance Costs	\$5,221.28
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$21,257.23
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$1,651.56
Freight and Shipping Costs	\$15.00
Advertising and Marketing	\$904.00
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$9,753.95
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$99,423.71

→ *TOTAL = \$ 617,632.67

*Total equals item #3 (Total Cash Disbursements) on Part C.

Other Expenses CAH 7:

Account 3911:

August 14: \$1,446.14: Analysis Service Charge

Account 2458:

\$19.00 Bank Fees

Account 5518:

CBO Fees, Patient Transportation and Bank Fees:

\$59,423.71

Cohesive Management Fee:

\$40,000

PART D: SUMMARY OF ACCOUNT RECEIVABLES

	<u>AMOUNT:</u>
1. Beginning Balance	<u>\$ 724,431.05</u>
2. Sales on Account	<u>\$ 1,704,048.57</u>
3. Collections on Account	<u>\$ 1,455,674.32</u>
4. Ending Balance [Item #1 plus #2 minus #3]	<u>\$ 972,805.30</u>

STATUS OF COLLECTIONS:

	<u>AMOUNT:</u>
Current to 30 days	\$ _____
31 to 60 days	\$ _____
61 to 90 days	\$ _____
91 to 120 days	\$ _____
121 days and older	\$ _____
TOTAL:	\$ _____

PART E: SUMMARY OF ACCOUNTS PAYABLE

[EXCLUDING PRE-PETITION ACCOUNTS PAYABLE]

	<u>AMOUNT:</u>
Current to 30 days	\$ <u>468,141.62</u>
31 to 60 days	\$ <u>319,855.68</u>
61 to 90 days	\$ <u>63,072.17</u>
91 to 120 days	\$ <u>573,071.02</u>
121 days and older	\$ <u>4,333.34</u>
 TOTAL:	 \$ <u>1,428,473.83</u>

If there are payables outstanding greater than 60 days, please provide an explanation:

1. Accounts over 31 days are primarily related to Cohesive entities, e.g. partial payment of Cohesive's \$225K management fee. Due to cash budgeting, priority has been given to other vendors critical to daily hospital operations. AP strategy is to continue paying down the past due invoices as cash flow allows.
2. There has been a delay in making payment to Dr. Morgan's monthly invoice for professional services as the hospital works to finalize his professional services contract. Dr. Morgan is currently providing Wound Care services at Prague Hospital.

[Click to add Secured Creditors](#)

PART F: STATUS OF PAYMENTS TO SECURED CREDITORS

Instructions: List all secured creditors and collateral descriptions, regardless if payments are made

Check if this form is not applicable to the Debtor

Creditor Name:	First Financial Corporate Leasing
Description of Collateral:	Blanket Lien on Accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	HMC/CAH Note Acquisition, LLC
Description of Collateral:	Blanket Lien on Accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	GEL Funding, LLC
Description of Collateral:	Blanket Lien
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	Johnson & Johnson Finance Corp
Description of Collateral:	Ortho clinical diagnostic ECIQ analyzer
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	

[Click to add Secured Creditors](#)

STATUS OF PAYMENTS TO SECURED CREDITORS

Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	

[Click to add Lessors](#)

PART G: STATUS OF PAYMENTS TO LESSORS

Instructions: List all lessors and description of leased property, regardless if payments are made

Check if this form is not applicable to the Debtor

Lessor Name:	City of Prague
Description of Leased Property:	Building Lease
Amount Paid this Month:	\$ 3,000.00
Is Lease Current?	
<hr/>	
Lessor Name:	Standley Systems
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	
Is Lease Current?	
<hr/>	
Lessor Name:	Beckman Coulter
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	\$ 3,800.00
Is Lease Current?	
<hr/>	
Lessor Name:	Hospital Equipment Rental
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	
Is Lease Current?	
<hr/>	

Click to add Lessors

STATUS OF PAYMENTS TO LESSORS

Lessor Name:	Prague Self Storage
Description of Leased Property:	Real Property Lease Payment
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	Industrial Weldin & Tool Supply
Description of Leased Property:	Vehicle and Equipment Lease Payment-Acct Prepay
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	Intelligent Power Solutions
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	Farnam Financial
Description of Leased Property:	Lab/dietary equipment
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	US Med Equipment
Description of Leased Property:	BiPAP/Vent Rental
Amount Paid this Month:	
Is Lease Current?	

**PART H: SUMMARY OF OFFICER/OWNER
COMPENSATION, PROPERTY SALES AND
PROFESSIONAL FEE PAYMENTS**

1.) REPORT ALL COMPENSATION PAID TO ANY OFFICER OR OWNER THIS MONTH:

Check if no officer compensation was paid this month

Name of Officer/Owner of the Debtor	Monthly Compensation Authorized by the Court	Compensation Received this Month

2.) PROPERTY SALE REPORT:

Check if the Debtor did not sell any property this month

Description of Property Sold	Date Property Sold	Gross Sale Proceeds	Net Sale Proceeds Paid to Debtor

3.) REPORT OF ALL PAYMENTS MADE TO PROFESSIONALS THIS MONTH:

Check if the Debtor did not pay any professionals this month

Name of Professional	Date Compensation Approved	Compensation Authorized by the Court	Compensation Received this Month
Hendren, Redwine & Malone	8/20/19	\$ 9,126.13	\$ 9,126.13

PART I: CHAPTER 11 QUARTERLY FEES

DISBURSEMENTS INCLUDE: Sum total of all disbursements from all of the Debtor's bank accounts – and – payments made on behalf of the Debtor. Disbursements do not include transfers between the Debtor's accounts. Quarterly fees are not prorated.

Calculating the Fee: Use the table on the following page to compute the Amount of Fee Due for each quarter. Payment of quarterly fees should be submitted to Debtor's attorney, and then Debtor's attorney should submit the payment through www.pay.gov.

3rd Quarter:

	<u>Disbursements made by Debtor</u>	<u>Disbursements made on behalf of Debtor</u>
Disbursements for July:	<u>\$ 499,729.06</u>	+ _____
Disbursements for August:	<u>\$ 839,952.42</u>	+ _____
Disbursements for September:	<u>\$ 628,223.94</u>	+ _____
<u>TOTAL:</u>	<u>\$ 1,967,905.42</u>	+ <u>\$ 0.00</u>
<u>TOTAL DISBURSEMENTS:</u>		<u>\$ 1,967,905.42</u>

Amount of Fee Due: \$ 19,679.05

Amount of Fee Paid: \$ 19,679.05

Total Disbursements for the Quarter	Amount of Fee Due
\$0 to \$14,999.00	\$325.00
\$15,000.00 to \$74,999.99	\$650.00
\$75,000.00 to \$149,999.99	\$975.00
\$150,000.00 to \$224,999.99	\$1,625.00
\$225,000.00 to \$299,999.99	\$1,950.00
\$300,000.00 to \$999,999.99	\$4,875.00
Total disbursements are equal to or greater than \$1,000,000.00	1% of total disbursements or \$250,000.00, whichever is less